



# Hazardous Waste Compliance Monitoring and Enforcement Log

RECEIVED

MAR 21 2001

FORM

A

Handler

ID Number **K S D 0 0 7 2 4 6 8 4 6** LDF ( ) TSF (X) GEN (X) KG ( ) SQ ( ) TRA ( )  
HWM ( ) HWB ( ) UOM ( ) UOB ( ) NOT A GEN ( )

Handler Name: Safety Kleen (Wichita), Inc.

AT  
FT

3/26/01

CL  
RCRIS

3/26/01

Street: 2549 N. New York

City: Wichita, KS 67219

County: Sedgwick

## EVALUATION

New ☒

Followup Date (on site)

☐ ☐ ☐

Date (of letter)

M M D D Y Y

Delete ☐Date ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐Agency **S**Type **C E I**Reason **0 0**Person **M R C**District **S C**

Areas of Evaluation (EV - Evaluated, NE - Not Evaluated, NA - Not Applicable)

Generator		Transporter		Treatment/Storage/Disposal Facility				Other					
GER	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	GPT	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	DCH	<input type="checkbox"/> <input type="checkbox"/>	DGW	<input type="checkbox"/> <input type="checkbox"/>	DMC	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	DPP	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	BRR	<input type="checkbox"/> <input type="checkbox"/>
GGR	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	GRR	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	DCL	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	DIN	<input type="checkbox"/> <input type="checkbox"/>	DMR	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	DSI	<input type="checkbox"/> <input type="checkbox"/>	CAS	<input type="checkbox"/> <input type="checkbox"/>
GLB	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	GSC	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	DCP	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	DLB	<input type="checkbox"/> <input type="checkbox"/>	DOR	<input type="checkbox"/> <input type="checkbox"/>	DTR	<input type="checkbox"/> <input type="checkbox"/>	CSS	<input type="checkbox"/> <input type="checkbox"/>
GMR	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	GSQ	<input type="checkbox"/> <input type="checkbox"/>	DFR	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	DLF	<input type="checkbox"/> <input type="checkbox"/>	DOT	<input type="checkbox"/> <input type="checkbox"/>	DTT	<input type="checkbox"/> <input type="checkbox"/>	FEA	<input type="checkbox"/> <input type="checkbox"/>
GOR	<input type="checkbox"/> <input type="checkbox"/>	TGR	<input type="checkbox"/> <input type="checkbox"/>	DGS	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	DLT	<input type="checkbox"/> <input type="checkbox"/>	DPB	<input type="checkbox"/> <input type="checkbox"/>	DWP	<input type="checkbox"/> <input type="checkbox"/>	ILD	<input type="checkbox"/> <input type="checkbox"/>
		TMR	<input type="checkbox"/> <input type="checkbox"/>										
		TOR	<input type="checkbox"/> <input type="checkbox"/>										
		TRR	<input type="checkbox"/> <input type="checkbox"/>										
		TWD	<input type="checkbox"/> <input type="checkbox"/>										

Used Oil UOM ☐ ☐ UOB ☐ ☐ UTM ☐ ☐ SUM ☐ ☐ SUB ☐ ☐

## COMMENTS

VIOLATION # <b>1</b>		Date Determined		M M D D Y Y	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
New <input checked="" type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Comments <input type="checkbox"/>		
Agency <b>S</b>	Number <b>0 0 7 2 4 6 8 4 6</b>	Area <b>G G R</b>	Priority <b>1</b>	Type <b>S R</b>	
Regulation Citation: <b>KAR 28-31-4(c)(1)</b>					
Description: <b>Notification in not current.</b>					
Returned to Compliance					
Sch'd <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Actual <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					

VIOLATION #		Date Determined		M M D D Y Y	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Comments <input type="checkbox"/>		
Agency <b>S</b>	Number <b>0 0 7 2 4 6 8 4 6</b>	Area <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Class <input type="checkbox"/>	Priority <input type="checkbox"/>	Type <input type="checkbox"/> <input type="checkbox"/>
Regulation Citation:					
Description:					
Returned to Compliance					
Sch'd <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Actual <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					

VIOLATION #		Date Determined		M M D D Y Y	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Comments <input type="checkbox"/>		
Agency <b>S</b>	Number <b>0 0 7 2 4 6 8 4 6</b>	Area <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Class <input type="checkbox"/>	Priority <input type="checkbox"/>	Type <input type="checkbox"/> <input type="checkbox"/>
Regulation Citation:					
Description:					
Returned to Compliance					
Sch'd <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Actual <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					

VIOLATION #		Date Determined		M M D D Y Y	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Comments <input type="checkbox"/>		
Agency <b>S</b>	Number <b>0 0 7 2 4 6 8 4 6</b>	Area <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Class <input type="checkbox"/>	Priority <input type="checkbox"/>	Type <input type="checkbox"/> <input type="checkbox"/>
Regulation Citation:					
Description:					
Returned to Compliance					
Sch'd <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Actual <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					

RCRA



551077

# Hazardous Waste Compliance Monitoring and Enforcement Log

**FORM  
B**

ID Number **K S D 0 0 7 2 4 6 8 4 6**

Handler Name: Safety Kleen (Wichita), Inc.

VIOLATION # _____		Date Determined		M M	D D	Y Y
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input checked="" type="checkbox"/>	Comments			
Agency	Number	Area	Class	Priority	Type	
<b>S</b>						
Regulation Citation: _____						
Description: _____						
			Returned to Compliance			
			Sch'd	M M	D D	Y Y
			Actual			

VIOLATION # _____		Date Determined		M M	D D	Y Y
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input checked="" type="checkbox"/>	Comments			
Agency	Number	Area	Class	Priority	Type	
<b>S</b>						
Regulation Citation: _____						
Description: _____						
			Returned to Compliance			
			Sch'd	M M	D D	Y Y
			Actual			

VIOLATION # _____		Date Determined		M M	D D	Y Y
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input checked="" type="checkbox"/>	Comments			
Agency	Number	Area	Class	Priority	Type	
<b>S</b>						
Regulation Citation: _____						
Description: _____						
			Returned to Compliance			
			Sch'd	M M	D D	Y Y
			Actual			

VIOLATION # _____		Date Determined		M M	D D	Y Y
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input checked="" type="checkbox"/>	Comments			
Agency	Number	Area	Class	Priority	Type	
<b>S</b>						
Regulation Citation: _____						
Description: _____						
			Returned to Compliance			
			Sch'd	M M	D D	Y Y
			Actual			

VIOLATION # _____		Date Determined		M M	D D	Y Y
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input checked="" type="checkbox"/>	Comments			
Agency	Number	Area	Class	Priority	Type	
<b>S</b>						
Regulation Citation: _____						
Description: _____						
			Returned to Compliance			
			Sch'd	M M	D D	Y Y
			Actual			

VIOLATION # _____		Date Determined		M M	D D	Y Y
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input checked="" type="checkbox"/>	Comments			
Agency	Number	Area	Class	Priority	Type	
<b>S</b>						
Regulation Citation: _____						
Description: _____						
			Returned to Compliance			
			Sch'd	M M	D D	Y Y
			Actual			

**ENFORCEMENT**

New ☒

Change ☐

Delete ☐

Date **Y Y** **M M** **D D**  
**0 1** **0 3** **0 9**

Number

**0 0 7 2 4 6 8 4 6**

Agency **S**

Type **C E I**

District **S C**

Person **M R C**

**COVERED**

Agency	Violation Number	Area
<b>S</b>	<b>0 1</b>	<b>G G R</b>
<b>S</b>		
<b>S</b>		
<b>S</b>		

Agency	Violation Number	Area
<b>S</b>		
<b>S</b>		
<b>S</b>		
<b>S</b>		

Agency	Violation Number	Area
<b>S</b>		
<b>S</b>		
<b>S</b>		
<b>S</b>		

Comments: \_\_\_\_\_

## NOTICE OF COMPLIANCE/NON-COMPLIANCE

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
Division of Environment  
Waste Management ProgramHazardous Waste: Complaint( ) LDF( ) TSF( ) GEN( ) KG( ) SQ( ) TRA( ) UOM( ) UOB( ) NOT A GEN( )  
Solid Waste: Complaint( ) SLF( ) TRF( ) ILF( ) CDL( ) HHW( ) OBS( ) UOS( ) WTT( ) WTP( ) WTM( ) YWC( ) MED( )TO: Safety Kleen (Wichita) Inc 03/09/01  
Facility Name Date2549 N. New York Wichita KS 67219  
Address City State Zip CodeKS0007246846

EPA Identification No.

Solid Waste Permit No.

This inspection was conducted to determine compliance with the state and federal solid and hazardous waste statutes and regulations.

☒ **Violations As Follows**☐ **No Violations Identified**CitationDescription of Violation~~Notification is not~~KAR 28-31-4(c)(1)Notification is not current☐ **Other Comments/Concerns:**

This notice is provided to call immediate attention to those areas of non-compliance. This notice does not constitute a compliance order issued by KDHE and may not be a complete listing of all violations which may be identified as a result of this inspection. Your facility must submit in writing within 30 days of receipt of this notice a description of all corrective actions taken and/or a schedule for completion of necessary corrective actions to be taken. Any corrective actions taken by your facility will be considered in subsequent enforcement follow-up.

Your response must be submitted to:

ATTN: Debbie Travis  
Kansas Department of Health and Environment  
Bureau of District Operation  
Waste Management Programs  
130 S Market Suite 6050  
Wichita, Kansas 67202-3802

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If you have any questions concerning this Notice or wish to discuss your response, you may call me at (316) 337-6020 or Bureau of Waste Management in the Topeka Office at (913) 296-1604.

This Notice was prepared by

Mitchell R. LiptonDate 03/09/01

I, the undersigned hereby acknowledge that I have received and read this Notice.

Printed Name: Ronald K. RonsbergerSignature: Ronald K. RonsbergerTitle: Environmental ManagerDate: 3/9/01

COPIES: White-Facility; Yellow-Bureau of Waste Management; Blue-District



## RCRA Compliance Evaluation Inspection Summary

**SAFETY KLEEN (WICHITA), INC.**  
2549 N. New York  
Wichita, Kansas 67219

**EPA ID No. : KSD 007 246 846**

**Inspection Date: March 9, 2001**

**KDHE INSPECTORS: Mike Craft & Debbie Travis**

**RECEIVED**

~~MAR 10 2001~~

BUREAU OF WASTE MANAGEMENT

RECEIVED

MAR 21 2001

### INTRODUCTION:

On March 9, 2001, a routine inspection was conducted at Safety Kleen (Wichita), Inc, to determine compliance with state hazardous waste regulations and T/S/D Status. The inspection covered points of waste generation, waste storage areas, and included a review of related documents and records. This facility was last inspected as both a T/S/D and an EPA Generator of Hazardous Waste on November 4, 1998.

We arrived at the facility at approximately 9:30 a.m. and met with Russell J. Dunn, Facility Manager.

### CHANGES SINCE PREVIOUS INSPECTION:

Since the last inspection the facility stopped operating momentarily then started again. The facility during the last inspection treated, stored and disposed of hazardous waste. Currently they are a transfer or holding station. Hazardous waste material is shipped into the facility and then it is shipped out within one year.

### INSPECTION:

Mr. Charles (Bryan) Key, Shift Supervisor accompanied us on the inspection through building J then Mr. Ronald K. Robertson, Environmental Manager took over the tour of the facility. We toured all of the buildings in the facility and looked at all of the storage areas. Safety Kleen has a computer generated logging and numbering system. Every container is labeled with a tracking number.

### Storage Areas:

Building J is a storage warehouse (photo's # 1 & 2). The containers were labeled and dated correctly. The oldest date found on one of the containers was 5-11-00.

Building I is a storage warehouse (photo # 3). The containers were labeled and dated correctly. Building I also contains a processing area for lab packs. Safety Kleen just started this process again on March 1, 2001.

Building K is used for office storage so it is not permitted.

Building B is a storage warehouse (photo # 4) subdivided into three areas. This building contains hazardous waste that is non reactive and non ignitable because there is no fire suppression equipment. The containers were labeled and dated correctly.

Building C is a storage warehouse (photo # 6) divided into seven bermed areas. The containers were labeled and dated correctly.

Building D is a storage warehouse for fluorescent lamps, empty drums and maintenance of equipment. Additionally, there are eleven horizontal tanks mounted in the ceiling. The tanks are not currently in use. The containers were labeled and dated correctly.

The tank farm (photos' # 7 & 8) has nine tanks not currently in use. The tanks are inspected daily. There is some storage in this area. The containers were labeled and dated correctly.

The drum dock and processing area are where containers are logged into the facility's computer and labels are generated.

#### **Generation Points (Labs), and Satellite Accumulation Areas:**

The laboratory (photo 5) performs chemical analysis on samples taken from each waste material shipped to this site. The lab had a closed satellite drum labeled correctly. All Personnel Protective Equipment (PPE) and safety equipment was available. Another satellite drum was in the processing area. The container was closed and labeled correctly.

#### **Exit Interview:**

After completing the walk through inspection, and reviewing the facility's paperwork, I conducted an exit interview with Mr. Robertson, and Mr. Dunn. We discussed two concerns 1. An unlabeled white bag in building B (photo # 4). He told us it was trash. 2. A spill control pallet in the tank farm had an unknown solution. It was determined it was nonhazardous waste. Refer to attachment material profile and chemical analysis on the solution in the spill control pallet. Then I explained the violation and how it could be corrected. I left a Hazardous Waste Generator Handbook with Mr. Robertson.

#### **SUMMARY OF WASTE STREAMS:**

The waste stream generated are PPE, floor debris, damaged containers, and any hazardous waste spills.

## **SUMMARY OF VIOLATIONS:**

Violation 1 : Failure to notify KDHE of changes to the Notification of Regulated Waste Activity form in violation of K.A.R. 28-31-4(c)(1).

## **APPENDIX AND ATTACHMENTS:**

Appendix : 9 Photographs taken on an Olympus digital camera.

### **Attachments:**

- Employee List
- Employee Training Transcript
- Facilities Daily Inspection Log
- Material Profile and chemical analysis on the solution in the spill control pallet (photo 9) at the tank farm.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
BUREAU OF WASTE MANAGEMENT  
FORBES FIELD, TOPEKA, KANSAS 66620

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MAR 21 2001

HAZARDOUS WASTE GENERATOR/TRANSPORTER  
COMPLIANCE INSPECTION CHECKLIST

GENERAL

[ X ] ROUTINE [ ] COMPLAINT

EPA ID KSD 007 246 846 Time 09:30 AM Date March 9, 2001

Facility Name Safety Kleen (Wichita), Inc District SCDO

Street 2549 N. New York City Wichita, Kansas ZIP 67219

Mailing Address (if different than above) \_\_\_\_\_

County Sedgwick Phone 316 269-7400

Contact(s) Ron Robertson, Russell J. Dunn

Inspector(s) Mike Craft & Debbie Travis SIC: \_\_\_\_\_

Type of Business H. W. vendor / broker Number of Employees 30

Facility size classification: ☐ Closed ☐ Small Qty. Generator ☒ EPA Generator  
☐ Not a Generator ☐ Kansas Generator ☐ Transporter

Other Regulated Activities: ☒ T/S/D Facility ☐ Used Oil Activities  
(complete applicable checklist) ☐ HW Burner/Marketer ☐ Universal Waste Activities

Has the company declared any information/processes as trade secrets (KSA 65-3447)? yes  
If yes, explain: DON'T USE CUSTOMERS NAME.

Industrial Wastes Generated

(List hazardous wastes first)

Waste:	Contaminated floor debris, PPE damaged containers, and spill clean-up.	
If waste is hazardous give HW ID Number:	N/A	
Amount generated per month:	4 Tons / month	
Amount presently in storage:	Varies	
Accumulation time:	Varies	
Present disposal methods:	Varies	

**General Requirements (GGR)**

- |   | YES   | NO    | NA |
|---|-------|-------|----|
| 1. Has the facility evaluated all potentially hazardous waste(s) to determine if it is hazardous? [KAR 28-31-4(b)/40 CFR 261.2]       | [ X ] | [ ]   |    |
| a. If waste(s) was tested, was the analysis conducted by a laboratory certified by KDHE? [KAR 28-31-4(b)(3)(A)]                       | [ X ] | [ ]   |    |
| b. If waste(s) was tested, are the results kept for three years from date waste was sent on/offsite for T/S/D? [KAR 28-31-4(f)(1)(C)] | [ X ] | [ ]   |    |
| 2. Is hazardous waste(s) disposed of via the sanitary sewer to a Publicly Owned Treatment Works (POTW)? [KAR 28-31-3/40 CFR 261.4]    | [ ]   | [ X ] |    |
| a. If yes, does the facility discharge greater than 25 kilograms per month?   | [ ]   | [ ]   |    |
| b. If yes, has facility submitted the RCRA (Wastewater) Notification Form [40 CFR, Part 403.12(p)] to the following agencies:         |       |       |    |
| City - POTW?  | [ ]   | [ ]   |    |
| US EPA Region VII - Director of Waste Management?   | [ ]   | [ ]   |    |
| KDHE - Bureau of Waste Management?  | [ ]   | [ ]   |    |
| NOTE: RCRA (Wastewater) Notification forms are obtained from: Bureau of Water (785) 296-5551.   |       |       |    |
| 3. Does facility dispose of industrial waste that requires a Special Waste Disposal Authorization at a permitted sanitary landfill?   | [ ]   | [ X ] |    |
| a. If yes, list the authorization number(s):  |       |       |    |

<b>General Requirements:</b>	<input checked="" type="checkbox"/> Compliance	<input type="checkbox"/> Non-Compliance	<input type="checkbox"/> N/A
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**Notification of Requirements (GGR)**

- |   |       |       |     |
|---|-------|-------|-----|
| 4. Has facility notified KDHE and obtained an EPA Identification Number? [KAR 28-31-4(c)] | [ X ] | [ ]   |     |
| 5. Is current notification accurate? [KAR 28-31-4(c)(1)]                                  | [ ]   | [ X ] | [ ] |

<b>Notification Requirements:</b>	<input type="checkbox"/> Compliance	<input checked="" type="checkbox"/> Non-Compliance	<input type="checkbox"/> N/A
(small quantity generator not accumulating, stop here)			



**Pre-Transport Requirements (GPT)**

	YES	NO	NA
6. Does generator package waste in accordance with 49 CFR 173, 178, and 179 requirements? [KAR 28-31-4(e)(1)]	[ X ]	[ ]	
7. Does generator label (flammable liquid, poison, etc.) each package in accordance with DOT requirements of Subpart E of 49 CFR 172? [KAR 28-31-4(e)(2)]	[ X ]	[ ]	
8. Does generator mark (consignee's or consignor's name and address, etc.) on each package in accordance with DOT requirements of 49 CFR 172 Subpart D? [KAR 28-31-4(e)(3)]	[ X ]	[ ]	
a. Does generator mark each container of 110 gallons or less as below? [KAR 28-31-4(e)(3)]	[ X ]	[ ]	
<div><p><i>Hazardous Waste-Federal Law Prohibits Improper Disposal.</i></p><p><i>If found, contact the nearest police or public safety authority or the US EPA.</i></p><p><i>Generator's Name and Address</i></p><p><i>Manifest Document Number</i></p></div>			
9. Does generator have placards to offer to transporters in accordance with 49 CFR 172 Subpart F? [KAR 28-31-4(e)(4)]	[ X ]	[ ]	
10. Does generator only use a transporter who has notified the department and obtained an EPA Identification Number? [KAR 28-31-4(c)(2)]	[ X ]	[ ]	

<b>Pre-Transport Requirements:</b>	[X] Compliance	[ ] Non-Compliance	[ ] N/A
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**Storage Requirements (GPT)**

11. Does generator temporarily store waste in containers before transport?	[ X ]	[ ]
If yes,		
a. Are containers marked with the words "Hazardous Waste"? [KAR 28-31-4(g)(3) or (h)(1)(D)]	[ X ]	[ ]
b. Is the accumulation start date marked on each container? [KAR 28-31-4(g)(2) or (h)(1)(C)]	[ X ]	[ ]
c. Are all containers holding hazardous waste in good condition and closed during storage except when necessary to add or remove waste? [KAR 28-31-4(g)(1) or (h)(1)(B)]	[ X ]	[ ]
d. Does generator conduct weekly inspections of containers for signs of leakage and/or deterioration caused by corrosion or other factors? [KAR 28-31-4(g)(1) or (h)(1)(B)]	[ X ]	[ ]
A. If yes, are these inspections documented in a log that includes complete date and time of inspection, full name of inspector, notations of observations, and date and nature of remedial actions? [KAR 28-31-4(k)/40 CFR 265.15(d)]	[ X ]	[ ]

<b>Storage Requirements:</b>	[X] Compliance	[ ] Non-Compliance	[ ] N/A
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(Small quantity generator accumulating <1,000 Kilograms stop here)

# Storage Requirements for Kansas and EPA Generators (GPT)

		YES	NO	NA
e.	Is hazardous waste stored for 90 days or less?	[ X ]	[ ]	
f.	Is > 1,000 kilograms of hazardous waste stored for more than 90 days?	[ X ]	[ ]	SEE TSD
g.	Are containers holding ignitable or reactive waste(s) located at least 15 meters (50 feet) from the facility's property line? (EPA Generator and T/S/D Only) [KAR 28-31-4(g)(1)/40 CFR 265.176]	[ X ]	[ ]	[ ]
h.	If waste in containers is incompatible with other materials stored nearby, are the containers separated from the other materials by means of a dike, berm, wall, or other means? [KAR 28-31-4(g)(1) or (h)(1)(B)/40 CFR 265.177]	[ X ]	[ ]	[ ]
i.	Does generator have any satellite storage areas? [KAR 28-31-4(j)]	[ X ]	[ ]	
	A. Is the waste stored in a container at or near the point of generation and under the control of the operator of the process generating the waste?	[ X ]	[ ]	
	B. Is the container in good condition and closed except to add or remove waste?	[ X ]	[ ]	
	C. Is the container marked with the words "Hazardous Waste"?	[ X ]	[ ]	
	D. Is the container marked with the accumulation start date at the time it becomes full?	[ X ]	[ ]	
	E. Is the full container moved to the storage area within three days after it becomes full?	[ X ]	[ ]	

(If waste(s) is placed in tanks, piles, or surface impoundments, complete the appropriate inspection checklist.)

Storage Requirements: [ X ] Compliance [ ] Non-Compliance [ ] N/A

## Manifests (GMR)

12.	Is a contractual agreement used in place of manifesting? [KAR 28-31-4(d)(7)(A-C)/40 CFR 262.20(e)(1-2)]	[ ]	[ X ]	
	If yes,			
a.	Does the contractual agreement include the type of waste and frequency of shipments?	[ ]	[ ]	
b.	Is the vehicle used to transport the waste owned and operated by the reclaimer of the waste?	[ ]	[ ]	
c.	Is a copy of the agreement kept for a period of three years after termination of agreement?	[ ]	[ ]	[ ]
13.	Is a current manifest showing revision date and burden disclosure statement used? [KAR 28-31-4(d)/40 CFR 262.20]	[ X ]	[ ]	
a	If yes, does manifest(s) include:			
	A. Generator EPA Identification Number (12 digit) and unique manifest document number (five digit)?	[ X ]	[ ]	
	B. Number of pages?	[ X ]	[ ]	
	C. Generator's name and mailing address?	[ X ]	[ ]	
	D. Generator's phone number?	[ X ]	[ ]	
	E. Transporter 1 Name?	[ X ]	[ ]	
	F. Transporter 1 EPA Identification Number?	[ X ]	[ ]	
	G. Transporter 2 Name?	[ X ]	[ ]	[ ]
	H. Transporter 2 EPA Identification Number?	[ X ]	[ ]	[ ]
	I. Name and site address of designated facility?	[ X ]	[ ]	
	J. Designated facility's EPA Identification Number?	[ X ]	[ ]	

	YES	NO	NA
K. Waste Description (DOT shipping name, hazard class, and Identification Number)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
i. If applicable, are the requirements of 49 CFR 172.203(k) met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
L. Number and type of containers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
M. Total quantity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
N. Unit (weight or volume)?	<input type="checkbox"/>	<input type="checkbox"/>	
O. Special handling instructions?	<input type="checkbox"/>	<input type="checkbox"/>	
P. Generator's certification including waste minimization statement, generator's signature and date?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Q. Name, signature, and date of transporter 1?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
R. Name, signature, and date of transporter 2?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does generator retain a copy of manifest(s) signed by both generator and transporter? [KAR 28-31-4(d)(4)(A-C)/40 CFR 262.23]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Does generator retain copy of manifest(s) signed and dated by T/S/D facility owner/operator for three years? [KAR 28-31-4(f)(1)(A)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Has generator ever failed to receive a signed copy of a manifest within 45 days of initiating a shipment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
A. If yes, was exception report(s) filed? [KAR 28-31-4(f)(4)(B)]	<input type="checkbox"/>	<input type="checkbox"/>	
i. If yes, was copy retained for three years? [KAR 28-31-4(f)(1)(A)]	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Manifesting Requirements:</b>	<input checked="" type="checkbox"/> Compliance	<input type="checkbox"/> Non-Compliance	<input type="checkbox"/> N/A
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#### Land Disposal Restriction Requirements (GLB)

14.	Does facility generate waste(s) subject to the Land Disposal Restrictions? [KAR 28-31-14/40 CFR 268]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15.	Does the generator dispose of his waste under a contractual or tolling agreement? [ 40 CFR 268.7(a)(10)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a.	If yes, is a Land Disposal Restriction Notice available for the initial shipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b.	If yes, is a copy of this notice kept for three years after termination of the agreement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Is the waste(s) covered by a National Variance(s), Extension, or Petition? [40 CFR 268.5 & 6]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a.	If yes, describe the variance, extension, or petition which applies:			
<hr/>				
17.	Does generator ship waste(s) covered by the Land Disposal Restrictions off-site for treatment or disposal? [40 CFR 268.7(a)(1)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes,			
a.	Does the generator provide a notice with each shipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b.	Does the notice include: EPA hazardous waste number(s), manifest number(s), waste analysis data, if available, and waste constituents, wastewater or nonwastewater classification, and subcategory, if applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18.	Has the generator determined that his waste meets applicable treatment standards or does not exceed prohibition levels and requires no further treatment? [40 CFR 268.7(a)(2)]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a.	If yes, does the generator provide a notice and certification statement with each shipment, stating the waste meets applicable treatment			

standards or prohibitions levels?

- |     |   |                                     |                                     |                          |
|-----|---|-------------------------------------|-------------------------------------|--------------------------|
|     |   | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| 19. | Is the waste covered by an exemption? [40 CFR 268.7(a)(3)]  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |
| a.  | If yes, does the generator provide a notice with the waste to the T/S/D facility stating that the waste is exempt from the land disposal restrictions?  | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| 20. | Does the generator accumulate and treat waste in tanks, containers, or containment buildings to meet applicable treatment standards?<br>[40 CFR 268.7(a)(4)]  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
|     | If yes,   |                                     |                                     |                          |
| a.  | Does the generator have verification that a notice was submitted to KDHE at least 30 days prior to treatment activity?  | <input type="checkbox"/>            | <input type="checkbox"/>            | N/A                      |
| b.  | Does the generator have, on-site, a written waste analysis plan describing procedures used to comply with the treatment standards?  | <input type="checkbox"/>            | <input type="checkbox"/>            | N/A                      |
| c.  | Does the generator ship waste off-site?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
|     | A. If yes, does the generator provide a notice and certification statement with each shipment?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| 21. | Has the generator determined his waste to be restricted based solely on his knowledge of the waste?[40 CFR 268.7(a)(5)]   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |
| a.  | If yes, does the generator maintain all supporting data in his on-site files?   | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| 22. | Has the generator determined his waste to be restricted based on testing<br>[40 CFR 268.7(a)(5)]  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |
| a.  | If yes, does the generator maintain a copy of these waste analysis in his on-site files?  | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| 23. | Is the waste excluded from the definition of hazardous or solid waste, or is exempt from Subtitle C regulations? (40 CFR 268.7(a)(6))   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |
| a.  | If yes, does the generator retain, in their file, a one-time notice of the generation and subsequent exclusion from the definition of hazardous or solid waste, and information regarding the disposition of the waste? | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| 24. | Does the generator retain copies of all notices, certifications, demonstrations waste analysis data, and other documents for at least 3 years?<br>[40 CFR 268.7(a)(7)]  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 25. | Does the generator claim that the hazardous debris is excluded from the definition of hazardous waste under 40 CFR 261.3(f)(1) or (2)?<br>[40 CFR 268.7(d)]   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| a.  | If yes, does the generator provide a one-time notice and certification to the State of Kansas and retain a copy in his files?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| 26. | Is the generator managing a lab pack waste(s)? [40 CFR 268.7(a)(8)]   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
|     | If yes,   |                                     |                                     |                          |
| a.  | Does the generator wish to use an alternative treatment standard?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |
| b.  | Does the generator provide a notice and certification with each shipment?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| 27. | Does generator claim that their characteristic waste is no longer hazardous?<br>[40 CFR 268.9(d)]   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |
|     | If yes,   |                                     |                                     |                          |

- |    |   | YES                      | NO                       | NA |
|----|---|--------------------------|--------------------------|----|
| a. | Has the generator submitted a one-time notice and certification to the State of Kansas and retained a copy for their files? | <input type="checkbox"/> | <input type="checkbox"/> |    |
| b. | Does the information on the notice and certification need to be updated?  | <input type="checkbox"/> | <input type="checkbox"/> |    |

<b>LDR Requirements:</b>	<input checked="" type="checkbox"/> Compliance	<input type="checkbox"/> Non-Compliance	<input type="checkbox"/> N/A
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### Special Conditions (GSC)

28. Has generator received or transported any hazardous waste to or from a foreign source? (40 CFR Subpart E & F)
- ☒ YES    ☐ NO    ☐ NA
- If yes,
- a. Has generator filed a notice with the Secretary of the KDHE? ☒ YES    ☐ NO    ☐ NA
- b. Is waste manifested and signed by a foreign consignee? ☐ YES    ☒ NO    ☐ NA
- c. If generator transports waste out of the country, has confirmation of delivered shipment been received? ☒ YES    ☐ NO    ☐ NA

<b>Special Conditions Requirements:</b>	<input checked="" type="checkbox"/> Compliance	<input type="checkbox"/> Non-Compliance	<input type="checkbox"/> N/A
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### Kansas Generator's Emergency Preparedness (GPT)

29. Has facility named one employee as emergency coordinator? [KAR 28-31-4(h)(1)(E)] ☐ YES    ☐ NO    ☐ NA
- a. Is the emergency coordinator available to respond to an emergency by reaching the facility within a short period of time? ☐ YES    ☐ NO    ☐ NA
- b. Is the emergency coordinator or his/her designee prepared to respond to any emergencies (fires, spills, or releases) that arise? ☐ YES    ☐ NO    ☐ NA
- c. Is the emergency coordinator familiar with the reporting requirements of KAR 28-31-4(h)(2)? ☐ YES    ☐ NO    ☐ NA
30. Is the following information posted next to at least one telephone which is immediately accessible in an emergency? [KAR 28-31-4(h)(1)(F)]
- a. Name and telephone number of the emergency coordinator(s)? ☐ YES    ☐ NO    ☐ NA
- b. Location of fire extinguishers, fire alarms, or spill control material, if available? ☐ YES    ☐ NO    ☐ NA
- c. Telephone number of fire department unless facility has a direct alarm? ☐ YES    ☐ NO    ☐ NA
31. Have employees been trained so that they are familiar with proper waste handling and emergency procedures that are relevant to their responsibilities during normal facility operations? [KAR 28-31-4(h)(1)(G)] ☐ YES    ☐ NO    ☐ NA
- a. Is this training documented in any way? ☐ YES    ☐ NO    ☐ NA

<b>KS Gen.'s Emergency Preparedness Requirements:</b>	<input type="checkbox"/> Compliance	<input type="checkbox"/> Non-Compliance	<input checked="" type="checkbox"/> N/A
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(If Kansas generator, stop here)



**Biennial Reports (GRR)**

		YES	NO	NA
32.	Has EPA generator submitted a biennial report(s) to KDHE? [KAR 28-31-4(f)(2)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a.	If yes, does the biennial report include a written description of the generator's waste minimization program? [KAR 28-31-4(f)/40 CFR 262.41(a)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A. If yes, does the description include:			
	i. Efforts undertaken during the year to reduce the volume and toxicity of waste generated? [KAR 28-31-4(f)/40 CFR 262.41(a)(6)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	ii. Changes in volume and toxicity of waste actually achieved during the year in comparison to previous years? [KAR 28-31-4(f)/40 CFR 262.41(a)(7)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	iii. Certification by the generator or authorized representative? [KAR 28-31-4(f)/40 CFR 262.41(a)(8)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b.	If no, can the facility personnel provide a verbal description of the waste minimization program?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Description of Program:			
c.	Is there any visual evidence of the facility's waste minimization efforts? If yes, describe the activities/program observed.	<input type="checkbox"/>	<input type="checkbox"/>	N/A
d.	Does generator retain a copy of the report for three years? [KAR 28-31-4(f)(1)(B)]	<input type="checkbox"/>	<input type="checkbox"/>	N/A

(Note: compare quantities reported on last biennial report with the total quantity of all manifests for those years.)

<b>Biennial Report Requirements:</b>	<input checked="" type="checkbox"/> Compliance	<input type="checkbox"/> Non-Compliance	<input type="checkbox"/> N/A
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**Preparedness and Prevention (GPT)**

33.	If appropriate, based upon the nature and quantity of waste(s) generated and stored at the facility, is the facility equipped with:			
a.	Internal communication or alarm system easily accessible in case of emergency? [KAR 28-31-4(g)(4)/40 CFR 265.32(a)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b.	Telephone or hand-held two-way radio capable of summoning emergency assistance from local police departments, fire departments, or State or local emergency response teams? [KAR 28-31-4(g)(4)/40 CFR 265.32(b)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Portable fire extinguisher, fire control equipment, spill control equipment, and decontamination equipment? [KAR 28-31-4(g)(4)/40 CFR 265.32(c)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d.	Is water of adequate volume provided for hose streams, foam producing equipment, sprinklers, etc.? [KAR 28-31-4(g)(4)/40 CFR 265.32(d)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e.	Is this equipment (a-c above) tested and maintained to ensure its proper operation? [KAR 28-31-4(g)(4)/40 CFR 265.33]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
34.	Does a check of the facility show sufficient aisle space to allow unobstructed movement of personnel and equipment? [KAR 28-31-4(g)(4)/40 CFR 265.35]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
35.	If appropriate for the type(s) of waste handled, has the owner/operator made the following arrangements:			
		YES	NO	NA

- a. Familiarized the local emergency authorities with the facility, waste handled, entrances and exits? [KAR 28-31-4(g)(4)/40 CFR 265.37(a)(1)] ☒ ☐
- b. Designated one authority where one or more police or fire departments might respond to an emergency? [KAR 28-31-4(g)(4)/40 CFR 265.37(a)(2)] ☒ ☐ ☐
- c. Made agreements with local emergency response teams, emergency response contractors, and equipment suppliers? [KAR 28-31-4(g)(4)/40 CFR 265.37(a)(3)] ☒ ☐ ☐
- d. Familiarized local hospitals with the properties of hazardous waste(s) handled and types of injuries which could result from fires, explosions, or releases at the facility. [KAR 28-31-4(g)(4)/40 CFR 265.37(a)(4)] ☒ ☐
36. In cases where local authorities decline to enter into such arrangements, is the refusal entered in the operating record? [KAR 28-31-4(g)(4)/40 CFR 265.37(b)] ☐ ☐ N/A

#### Preparedness and Prevention

Requirements: ☒ Compliance ☐ Non-Compliance ☐ N/A

#### Personnel Training (GPT)

37. Has the owner/operator established a hazardous waste management training program? [KAR 28-31-4(g)(4)/40 CFR 265.16] ☒ ☐
- a. Is the program directed by a person trained in hazardous waste management? [40 CFR 265.16(a)(2)] ☒ ☐
- b. Are new personnel trained within six months after their employment? [40 CFR 265.16(b)] ☒ ☐
- c. Are new employees supervised until training is completed? [40 CFR 265.16(b)] ☒ ☐
- d. After initial training, are employees trained on an annual basis? [40 CFR 265.16(c)] ☒ ☐
- e. Does the facility maintain the following documents and records:
- A. Job title for each position related to hazardous waste management and the name of the employee filling each job? [40 CFR 265.16(d)(1)] ☒ ☐
- B. Written job description for each position? [40 CFR 265.16(d)(2)] ☒ ☐
- C. Description of type and amount of training to be given each person? [40 CFR 265.16(d)(3)] ☒ ☐
- D. Records of training given to facility personnel? [40 CFR 265.16(d)(4)] ☒ ☐

Personnel Training Requirements: ☒ Compliance ☐ Non-Compliance ☐ N/A

#### Contingency Plan (GPT)

38. Does the facility have a contingency plan? [KAR 28-31-4(g)(4)/40 CFR 265 Subpart D] ☒ ☐
- If yes,
- a. Does the plan list the name(s), home address, and phone number of designated emergency coordinator(s) in the order in which they should be contacted? [40 CFR 265.52(d)] ☒ ☐
- b. Is an emergency coordinator available at all times? [40 CFR 265.55] ☒ ☐
- c. Does the plan describe emergency actions facility personnel must take to respond to fires, explosions, or releases of hazardous waste? [40 CFR 265.52(a)] ☒ ☐
- YES NO NA
- d. Does the plan describe arrangements made with emergency response

- agencies? [40 CFR 265.52(c)] [ X ] [ ]
- e. Does the plan include a list of all emergency equipment at the facility, its location, a physical description of each item on the list, and a brief outline of the capabilities of each item? [40 CFR 265.52(e)] [ X ] [ ]
- f. Does the plan include an evacuation plan for facility personnel that describes signals and evacuation routes? [40 CFR 265.52(f)] [ X ] [ ]
- g. Have copies of the plan been provided to outside emergency response agencies and hospitals? [40 CFR 265.53] [ X ] [ ]
- h. Has implementation of the plan been required at the facility? [ X ] [ ]
- A. If yes, was the facility required to submit a written report on the incident to the KDHE? [ ] [ X ]
- i. If yes, was the written report submitted? [40 CFR 265.56(j)] [ ] [ ] [ ]

<b>Contingency Plan Requirements:</b> (if EPA generator, stop here.)	<input checked="" type="checkbox"/> <b>Compliance</b>	<input type="checkbox"/> <b>Non-Compliance</b>	<input type="checkbox"/> <b>N/A</b>
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KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
BUREAU OF WASTE MANAGEMENT  
FORBES FIELD, TOPEKA, KANSAS 66620



HAZARDOUS WASTE T/S/D FACILITY  
COMPLIANCE INSPECTION CHECKLIST

(NOTE: Permit conditions take precedence over requirements set forth in this checklist.)

**General**

EPA ID KSD 000 690 081 Time 09:30 AM Date March 9, 2001  
Facility Name Safety Kleen (Wichita), Inc District SCDO  
Street 2549 N. New York City Wichita Kansas Zip 67219  
Mailing Address (if different than above) \_\_\_\_\_  
County Sedgwick Phone 316 269-7400  
Contact(s) Rob Robertson, & Russell J. Dunn  
Inspector(s) Mike Craft & Debbie Travis SIC: \_\_\_\_\_  
Type of Business H.W. vendor & broker Number of Employees 30  
Has the company declared any information/process as trade secrets (KSA 65-3447)? YES  
If yes, explain: DON'T USE CUSTOMERS NAME

**Activity at Site**

**Treatment**

<input type="checkbox"/> Chem/Phys/Bio Treatment	<input type="checkbox"/> Incineration	<input type="checkbox"/> Thermal Treatment
<input type="checkbox"/> Containment Building	<input type="checkbox"/> Recycling/Recovery	<input type="checkbox"/> Volume Reduction
<input type="checkbox"/> Filtration	<input type="checkbox"/> Reprocessing	<input type="checkbox"/> Other _____

**Storage**

<input checked="" type="checkbox"/> Containment Building	<input type="checkbox"/> Surface Impoundment	<input checked="" type="checkbox"/> Other <u>BULK</u>
<input checked="" type="checkbox"/> Drums	<input checked="" type="checkbox"/> Tank(s) (complete applicable checklist)	
<input type="checkbox"/> Pile		

**Disposal**

<input type="checkbox"/> Deep Well Injection	<input type="checkbox"/> Landfill	<input type="checkbox"/> Surface Impoundment
<input type="checkbox"/> Incineration	<input type="checkbox"/> Land Treatment	<input type="checkbox"/> Other _____

**Comments:**

Currently the site is a storage facility.

**Waste Analysis Plan (DGS)**

YES NO NA

1 Does facility maintain a copy of its waste analysis plan at the facility?

[264.13(b)/265.13(b)]

[ X ] [ ] [ ]

a. If yes, does the plan include:

A. Parameters for which each hazardous waste will be analyzed and rationale for the selection of these parameters? [(264.13(b)(1)/265.13(b)(1))]

[ X ] [ ]

B. Test methods which are used to test for these parameters?

[264.13(b)(2)/265.13(b)(2)]

[ X ] [ ]

C. Sampling method used to obtain sample? [264.13(b)(3)/265.13(b)(3)]

[ X ] [ ]

D. Frequency with which the initial analysis will be reviewed or repeated to ensure the analysis is current? [264.13(b)(4)/265.13(b)(4)]

[ X ] [ ]

E. For off-site facilities, the waste analyses that generators have agreed to supply? [264.13(b)(5)/265.13(b)(5)]

[ X ] [ ] [ ]

F. For off-site facilities, the procedures which are used to inspect and analyze each movement of hazardous waste received to ensure that it matches the identify of the waste designated on the manifest?

[264.13(c)/265.13(c)]

[ X ] [ ] [ ]

**Waste Analysis Plan Requirements:**

[ X ] Compliance

[ ] Non-Compliance

[ ] N/A

**Security (DGS)**

2 Does the facility consider itself exempt from the security requirements as provided in 264.14(a)(1)&amp;(2)/265.14(a)(1)&amp;(2)?

[ ] [ X ]

If no,

a. Does the facility provide either of the following:

A. A 24-hour surveillance system (TV monitoring or guards)?

[264.14(b)(1)/265.14(b)(1)]; OR

[ X ] [ ] [ ]

B. An artificial or natural barrier (fence, fence and cliff combination) and a means to control entry (attendant, TV monitoring, locked entrance, controlled roadway access)? [264.14(b)(2)/265.14(b)(2)]

[ X ] [ ] [ ]

b. Has the facility posted warning signs at each entrance to the active portion of the facility, and at other locations, in sufficient numbers to be seen from any approach to the active portion? [264.14(c)/265.14(c)]

[ X ] [ ]

**Security Requirements:**

[ X ] Compliance

[ ] Non-Compliance

[ ] N/A

**General Inspection Requirements (DGS)**

3 Does the owner/operator follow a written schedule at the facility for inspecting monitoring equipment, safety and emergency equipment, security devices, and operating and structural equipment? [264.15(b)(1)/265.15(b)(1)]

[ X ] [ ]

4 Does the owner/operator keep the written inspection schedule at the facility? [264.15(b)(2)/265.15(b)(2)]

[ X ] [ ]

5 Does the written inspection schedule identify the types of problems which are to be looked for during the inspections? [264.15(b)(3)/265.15(b)(3)]

[ X ] [ ]

6 Does the owner/operator remedy any deterioration or malfunction of equipment or structures noted during the inspection? [264.15(c)/265.15(c)]

[ X ] [ ]



7 Does the owner/operator record inspections in an inspection log or summary which contains the date and time of inspection, name of inspector, notation of observations, and the date and nature of remedial action? [264.15(d)/265.15(d)]

[ X ] [ ]

**Inspection Requirements:**

[ X ] Compliance

[ ] Non-Compliance

[ ] N/A

**Personnel Training (DGS)**

8 Does the owner/operator maintain, at the facility, the following documents and records: [264.16/265.16]

- a. Job title for each position related to hazardous waste management and the name of the employee filling each job? [264.16(d)(1)/265.16(d)(1)] [ X ] [ ]
- b. Written job description for each position? [264.16(d)(2)/265.16(d)(2)] [ X ] [ ]
- c. Written description of type and amount of training to be given each person? [264.16(d)(3)/265.16(d)(3)] [ X ] [ ]
- d. Records of training given to facility personnel? [264.16(d)(4)/265.16(d)(4)] [ X ] [ ]

**Personnel Training Requirements:**

[ X ] Compliance

[ ] Non-Compliance

[ ] N/A

**Requirements for Ignitable, Reactive, or Incompatible Wastes (DGS)**

9 Does the facility handle ignitable or reactive wastes? [264.17(a)/265.17(a)]

[ X ] [ ]

If yes,

- a. Is the waste separated and confined from sources of ignition or reaction, sparks, spontaneous ignition and radiant heat? [264.17(a)/265.17(a)] [ X ] [ ]
- b. Are smoking and open flames confined to specially designated locations? [264.17(a)/265.17(a)] [ X ] [ ]
- c. Are "No Smoking" signs posted in hazard areas? [264.17(a)/265.17(a)] [ X ] [ ]
- d. Does a check of the areas used to handle ignitable or reactive wastes show:
  - A. Evidence of heat generation from interaction of incompatible wastes? [264.17(b)(1)/265.17(b)(1)] [ ] [ X ]
  - B. Evidence of uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health or the environment? [264.17(b)(2)/265.17(b)(2)] [ ] [ X ]
  - C. Evidence of uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosion? [264.17(b)(3)/265.17(b)(3)] [ ] [ X ]
  - D. Evidence of any leakage from or corrosion of containers? [264.17(b)(4)/265.17(b)(4)] [ ] [ X ]

10 For permitted facilities only, when required to comply with paragraph (a) or (b) of 264.17/265.17, has the owner/operator documented that compliance? [264.17(c)]

[ ] [ ] [ X ]

**Ignitable, Reactive, or Incompatible Waste**

**Contingency Plan Requirements:**

[ X ] Compliance

[ ] Non-Compliance

[ ] N/A

**Preparedness and Prevention (DPP)**

11 Does an inspection of the facility show any evidence of fire, explosion, or contamination? [264.31/265.31]

[ ] [ X ]

YES NO NA

12 If applicable to the facility, is the facility equipped with:

- a. Internal communication or alarm system easily accessible in case of emergency? [264.32(a)/265.32(a)] ☒ [ X ] ☐ [ ] ☐ [ ]
- b. Telephone or hand-held two-way radio capable of summoning emergency response assistance from local police departments, fire departments, or State or local emergency response teams? [264.32(b)/265.32(b)] ☒ [ X ] ☐ [ ] ☐ [ ]
- c. Portable fire extinguishers, fire control, spill control equipment, and decontamination equipment? [264.32(c)/265.32(c)] ☒ [ X ] ☐ [ ] ☐ [ ]
- d. Water of adequate volume for hose streams, foam producing equipment, sprinklers, etc? [264.32(d)/265.32(d)] ☒ [ X ] ☐ [ ] ☐ [ ]

13 Is the equipment (mentioned above) tested and maintained to ensure its proper operation? [264.33/265.33]

☒ [ X ] ☐ [ ] ☐ [ ]

14 Whenever hazardous waste is being poured, mixed, spread, or otherwise handled:

- a. Do all personnel involved in the hazardous waste activity have immediate access to an internal alarm or emergency communication device, either directly or through visual or voice contact with another employee? [264.34(a)/265.34(a)] ☒ [ X ] ☐ [ ] ☐ [ ]
- b. Does an employee who is alone on the premises while the facility is operating have immediate access to a device capable of summoning external emergency assistance? [264.34(b)/265.34(b)] ☒ [ X ] ☐ [ ] ☐ [ ]

15 Does a check of the facility show sufficient aisle space to allow unobstructed movement of personnel and equipment? [264.35/265.35]

☒ [ X ] ☐ [ ] ☐ [ ]

16 As appropriate for the type(s) of waste handled, has the owner/operator:

- a. Made arrangements with the local emergency authorities to familiarize them with the layout of the facility, properties of wastes handled and associated hazards, places where facility personnel normally work, entrances to roads inside the facility, and possible evacuation routes? [264.37(a)(1)/265.37(a)(1)] ☒ [ X ] ☐ [ ] ☐ [ ]
- b. Designated one primary authority in areas where more than one police and fire department might respond? [264.37(a)(2)/265.37(a)(2)] ☒ [ X ] ☐ [ ] ☐ [ ]
- c. Made agreements with state emergency response teams, emergency response contractors, and equipment suppliers? [264.37(a)(3)/265.37(a)(3)] ☒ [ X ] ☐ [ ] ☐ [ ]
- d. Familiarized local hospitals, with the properties of hazardous waste(s) handled and types of injuries that could result from fires, explosions, or releases at the facility? [264.37(a)(4)/265.37(a)(4)] ☒ [ X ] ☐ [ ] ☐ [ ]

17 In cases where state or local authorities decline to enter into such arrangements, is the refusal entered in the operating record? [264.37(b)/265.37(b)]

☐ [ ] ☐ [ ] ☒ [ X ]

### Preparedness and Prevention

Requirements:

☒ [ X ] Compliance

☐ [ ] Non-Compliance

☐ [ ] N/A

### Contingency Plan and Emergency Procedures (DCP)

18 Is a contingency plan maintained at the facility and have copies been provided to outside agencies that may be called upon to provide emergency services? [264.53(a)/265.53(a)]

☒ [ X ] ☐ [ ]

a. If yes, does the plan:

A. Describe emergency actions facility personnel must take to respond to fires, explosions, or releases of hazardous waste? [264.52(a)/265.52(a)]

☒ [ X ] ☐ [ ]

	YES	NO	NA
B. Describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams? [264.52(c)/265.52(c)]	[ X ]	[ ]	
C. List the name(s), home address(es), and phone number(s) of designated emergency coordinator(s) in the order in which they should be contacted? [264.52(d)/265.52(d)]	[ X ]	[ ]	
D. Include a list of all emergency equipment at the facility, its location, a physical description of each item on the list, and a brief outline of its capabilities? [264.52(e)/265.52(e)]	[ X ]	[ ]	
E. Include an evacuation plan for facility personnel that describes signals and evacuation routes? [264.52(f)/265.52(f)]	[ X ]	[ ]	
19 Is an emergency coordinator available at all times? [264.55/265.55]	[ X ]	[ ]	
20 Has implementation of the plan been required at the facility?	[ ]	[ X ]	
a. If yes, was the facility required to submit a written report on the incident to the KDHE?	[ ]	[ ]	
A. If yes, was the written report submitted? [264.56(j)/265.56(j)]	[ ]	[ ]	

**Contingency Plan and Emergency  
Procedures Requirements:**

[X] Compliance

[ ] Non-Compliance

[ ] N/A

**Manifest System, Recordkeeping, and Reporting (DMR)**

21 Does the facility receive waste from off-site? [264.71/265.71]	[ X ]	[ ]
a. If yes, does the owner/operator:		
A. Sign and date each copy of the manifest? [264.71(a)(1)/265.71(a)(1)]	[ X ]	[ ]
B. Note any significant discrepancies in the manifest on each copy of the manifest? [264.71(a)(2)/265.71(a)(2)]	[ X ]	[ ]
C. Give a signed copy to the transporter? [264.71(a)(3)/265.71(a)(3)]	[ X ]	[ ]
D. Send a signed copy of the manifest to the generator within 30 days of the delivery? [264.71(a)(4)/265.71(a)(4)]	[ X ]	[ ]
E. Retain a copy of the manifest for at least three years from the date of delivery? [264.71(a)(5)/265.71(a)(5)]	[ X ]	[ ]
22 Does the facility receive any waste from a rail or water (bulk shipment transporter)?	[ ]	[ X ]
a. If yes, is the shipment accompanied by a manifest or shipping paper containing the appropriate information? [264.71(b)/265.71(b)]	[ ]	[ ]
If yes, does the owner/operator:		
A. Does the owner/operator sign and date the shipping paper? [264.71(b)/265.71(b)]	[ ]	[ ]
B. Note any significant discrepancies in the shipping paper? [264.71(b)(2)/265.71(b)(2)]	[ ]	[ ]
C. Immediately give the rail or water transporter at least one copy of the shipping paper? [264.71(b)(3)/265.71(b)(3)]	[ ]	[ ]
D. Send a signed copy of the shipping paper to the generator within 30 days of the delivery? [264.71(b)(4)/265.71(b)(4)]	[ ]	[ ]
C. Retain a copy of the shipping paper? [264.71(b)(5)/265.71(b)(5)]	[ ]	[ ]
23 Has the facility received any shipments of waste that were inconsistent with the manifest? [264.72/265.72]	[ X ]	[ ]
a. If yes, was an attempt made to reconcile the discrepancy with the generator and transporter? [264.72(b)/265.72(b)]	[ X ]	[ ]

	YES	NO	NA
A. If the discrepancy was not reconciled within 15 days, did the owner/operator immediately notify the KDHE? [264.72(b)/265.72(b)]	[ X ]	[ ]	
24 Does the owner/operator keep a written operating record at the facility? [264.73(a)/265.73(a)]	[ X ]	[ ]	
a. If yes, does the operating record include:			
A. A description and the quantity of each hazardous waste received, and method(s) and date(s) of its treatment, storage, and disposal? [264.73(b)(1)/265.73(b)(1)]	[ X ]	[ ]	
B. The location of each hazardous waste within the facility and the quantity at each location? [264.73(b)(2)/265.73(b)(2)]	[ X ]	[ ]	
C. Records and results of waste analyses and waste determinations? [264.73(b)(3)/265.73(b)(3)]	[ X ]	[ ]	
D. Reports and details of incidents requiring implementation of the contingency plan? [264.73(b)(4)/265.73(b)(4)]	[ X ]	[ ]	
E. Records and results of required inspections? [264.73(b)(5)/265.73(b)(5)]	[ X ]	[ ]	
F. Monitoring, testing, or analytical data? [264.73(b)(6)/265.73(b)(6)]	[ X ]	[ ]	
G. Notices to generators that the facility has the appropriate permit(s) for and will accept the waste the generator is shipping? [264.73(b)(7)/265.73(b)(7)]	[ X ]	[ ]	
H. Closure cost estimates (and for disposal facilities, post-closure cost estimates)? [264.73(b)(8)/265.73(b)(8)]	[ X ]	[ ]	
I. Certification by the permittee, at least annually, that a hazardous waste minimization program is in place at the facility? [264.73(b)(9)/265.73(b)(9)]	[ X ]	[ ]	
J. As applicable, documentation that the Land Disposal Requirements have been met? [264.73(b)(10-16)/265.73(b)(10-16)]	[ X ]	[ ]	[ ]
25 Does the owner/operator prepare and submit a copy of a biennial report to the KDHE by March 1 of each even numbered year? [264.75/265.75]	[ X ]	[ ]	
a. If yes, does the report include:			
A. The EPA identification number, name, and address of the facility? [264.75(a)/265.75(a)]	[ X ]	[ ]	
B. The calendar year covered by the report? [264.75(b)/265.75(b)]	[ X ]	[ ]	
C. A description and the quantity of each hazardous waste received during the year? [264.75(d)/265.75(d)]	[ X ]	[ ]	
D. The method of treatment, storage, or disposal for each hazardous waste? [264.75(e)/265.75(e)]	[ X ]	[ ]	
E. The most recent cost estimate and, as applicable, the most recent post-closure cost estimate? [264.75(g)/265.75(g)]	[ X ]	[ ]	
b. If yes and the facility receives waste from off-site facilities, does the report include:			
A. The EPA identification number of each hazardous waste generator from which the facility received a hazardous waste during the year? [264.75(c)/265.75(c)]	[ X ]	[ ]	[ ]
B. A description and the quantity, listed by the EPA identification number of each generator, of each hazardous waste received during the year? [264.75(d)/265.75(d)]	[ X ]	[ ]	[ ]
c. If yes and the facility receives shipments from foreign generators, does the report include the name and address of the foreign generators? [264.75(c)/265.75(c)]	[ X ]	[ ]	[ ]
d. If yes and the facility is also a generator who treats, stores, and/or disposes of hazardous waste on-site, does the report include a description of:			
A. The efforts undertaken during the year to reduce the volume and toxicity of waste generated? [264.75(h)/265.75(h)]	[ X ]	[ ]	[ ]
B. The changes in volume and toxicity of waste actually achieved during the year in comparison to previous years? [264.75(i)/265.75(i)]	[ X ]	[ ]	[ ]

- 26 Has the facility accepted any waste not accompanied by a manifest or shipping papers? ☐ ☒ ☐
- a. If yes, was the shipment excluded from manifest/shipping paper requirements?  
 A. If no, did the facility submit an unmanifested waste report to the KDHE within 15 days? [264.76/265.76] ☐ ☐

**Manifest System, Recordkeeping and Reporting Requirements:**
☒ Compliance ☐ Non-Compliance ☐ N/A

**Closure and Post-Closure (DCL)**

- 27 Does the owner/operator have a written closure plan for the facility? [264.112(a)/265.112(a)] ☒ ☐
- a. If yes, does the plan include:
- A. A description of how and when the facility will be closed? [265.112(b)/265.112(b)] ☒ ☐
  - B. A description of the steps necessary to completely close the facility? [264.112(b)(2)/265.112(b)(2)] ☒ ☐
  - C. An estimate of the maximum inventory of wastes in storage or in treatment at any give time during the facility life? [264.112(b)(3)/265.112(b)(3)] ☒ ☐
  - D. A description of the steps needed to decontaminate facility equipment at the time of closure? [264.112.(b)(4)/265.112(b)(4)] ☒ ☐
  - E. A description of the activities necessary to ensure that all closure satisfy the closure performance standards? [265.112(b)(5)/265.112(b)(5)] ☒ ☐
  - F. An estimate of the expected year of closure and a schedule for final closure which includes the total time required to close the facility and the time required for intervening closure activities which allow tracking closure progress? [264.112(b)(6)/265.112(b)(6)] ☒ ☐
- 28 Is the facility a disposal facility? ☐ ☒
- a. If yes, does the owner/operator have a written post-closure plan? [264.118(a)/265.118(a)] ☐ ☐
- If yes, does the plan include:
- A. Ground-water monitoring activities and frequencies at which they will be performed? [264.118(c)(1)/265.118(c)(1)] ☐ ☐
  - B. Maintenance activities and frequencies at which they will be performed to ensure the integrity of the cap and containment structures where applicable, and the function of the monitoring equipment? [264.118(c)(2)/265.118(c)(2)] ☐ ☐
  - C. The name, address, and phone number of the person or office to contact during the post-closure period? [264.118(c)(3)/265.118(c)(3)] ☐ ☐

**Closure and Post-closure Requirements:**
☒ Compliance ☐ Non-Compliance ☐ N/A

**Financial Requirements (DFR)**

- 29 Does the owner/operator have a written estimate of the closure cost? [264.142(a)/265.142(a)] ☒ ☐
- 30 Has the owner/operator established financial assurance for facility closure and notified the KDHE? [264.143/265.143] ☒ ☐



YES NO NA

31 Is the facility a disposal facility?

[ ] [ X ]

a. If yes, has the owner/operator:

- A. Established a written estimate of the annual cost of post-closure monitoring and maintenance of the facility? [264.144(a)/265.144(a)]
- B. Established financial assurance for post-closure care and notified the KDHE? [264.145/265.145]
- C. Obtained liability insurance for nonsudden and accident occurrences of at least \$3 million per occurrence with an annual aggregate of at least \$6 million exclusive of legal defense costs? [264.147(b)/265.147(b)]

[ ] [ ]

[ ] [ ]

[ ] [ ]

32 Has the owner/operator obtained liability insurance for sudden occurrences of at least \$1 million with an aggregate of at least \$2 million exclusive of legal defense costs? [264.147(a)/265.147(a)]

[ X ] [ ]

**Financial Requirements:**

[ X ] Compliance

[ ] Non-Compliance

[ ] N/A

**Management of Containers (DMC)**

33 Are containers presently used to store hazardous waste?

[ X ] [ ]

If yes,

- a. Are the containers in good condition? [264.171/265.171]
- b. Are the containers compatible with the waste? [264.172/265.172]
- c. Are all containers holding hazardous waste closed during storage except when necessary to add or remove waste? [264.173/265.173]
- d. Does owner/operator inspect areas where containers are stored, at least weekly, for signs of leaking containers and for deterioration of the containers and containment system caused by corrosion or other factors? [264.174/265.174]
- e. Does the storage facility store waste containing free liquids which would require it to have a containment system? [264.174/265.174]

[ X ] [ ]

[ X ] [ ]

[ X ] [ ]

[ X ] [ ]

[ X ] [ ]

If yes,

- A. Is the base free of cracks or gaps and sufficiently impervious to contain leaks, spills, and accumulated precipitation? [264.175(b)(1)/265.175(b)(1)]
- B. Is the base sloped or the containment system otherwise designed and operated to drain and removed liquids? [264.175(b)(2)/265.175(b)(2)]
- C. Does the containment system have sufficient capacity to contain 10% of the volume of containers or the volume of the largest container, whichever is greater? [264.175(b)(3)/265.175(b)(3)]
- D. Is the containment system designed to prevent run-on or to have sufficient excess capacity in addition to that required in item C above? [264.175(b)(4)/265.175(b)(4)]
- E. Are spilled or leaked waste and accumulated precipitation removed in a timely manner as necessary to prevent overflow of the system? [264.175(b)(5)/265.175(b)(5)]

[ X ] [ ]

[ X ] [ ]

[ X ] [ ]

[ X ] [ ]

[ X ] [ ]

f. Does the storage area store containers holding only wastes that do not contain free liquids?

[ ] [ X ]

If yes,

A. Are the containment system requirements of 264.175(b)/265.175(b) met?

[ ] [ ]

If no,

- i. Is the storage area sloped or otherwise designed and operated to drain and remove liquid resulting from precipitation? [264.175(c)(1)/265.175(c)(1)]; OR
- ii. Are the containers elevated or otherwise protected from contact with accumulated liquid? [264.175(c)(2)/265.175(c)(2)]

[ X ] [ ]

[ X ] [ ]

YES NO NA

- g. Are containers holding ignitable or reactive waste located at least 50 feet from the facility's property line? [264.176/265.176] [ X ] [ ]
- h. If waste in containers is incompatible with other materials stored nearby, in other containers, piles, open tanks, or surface impoundments, are the containers separated from other materials by means of a dike, berm, wall, or other device? [264.177(c)/265.177(c)] [ X ] [ ]

<b>Management of Containers</b>	<input checked="" type="checkbox"/> <b>Compliance</b>	<input type="checkbox"/> <b>Non-Compliance</b>	<input type="checkbox"/> <b>N/A</b>
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TSDLIST: TSD Checklist Revised 9/98

Note: Determine if owner/operator claims any information confidential.

**Additional Information and Conclusions:**



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
BUREAU OF WASTE MANAGEMENT  
FORBES FIELD, TOPEKA, KANSAS 66620



RECEIVED

MAR 21 2001

TANK INSPECTION CHECKLIST

General

☒ Routine ☐ Complaint

EPA ID KSD 007 246 846 Time 0930 Date 03-09-2001

Facility Name Safety Kleen (Wichita), Inc District SCDO

Street 2549 N. New York City Wichita, Kansas ZIP 67219

Mailing Address (if different than above) \_\_\_\_\_

County Sedgwick Phone (316) 269-7400

Contact(s) Ron Robertson, & Russell Dunn

Inspector(s) Mike Craft and Debbie Travis

Type of Business H.W. vendor / broker Number Employees 30

**The tanks at the Safety Kleen facility at 2549 N. New York have been out of service since the fall of 1999. The tanks have not been decontaminated. They are still on the daily inspection log. Refer to attachment Daily Inspection.**

Tank Information

	Tank #	Tank #	Tank #
Description:	6 tanks	3 tanks	11 tanks
Capacity:	7600 gallons	20,000 gallons	10,000 to 20,000 gallons
Substance Stored:	Not used since Fall 1999	Not used since Fall 1999	Not used since Fall 1999
Waste Code:			
Location:	Tank Farm	Tank Farm	Building D -Empty

Tank Information ☒ Compliance ☐ Non-Compliance ☐ NA

Existing Tank System(s)

YES NO

1. Is the tank(s) labeled with the words "Hazardous Waste" (K.A.R. 28-31-4)? ☒ ☐



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
BUREAU OF WASTE MANAGEMENT  
FORBES FIELD, TOPEKA, KANSAS 66620



**SUBPART BB TREATMENT,  
STORAGE, DISPOSAL FACILITY CHECKLIST**

Facility: Safety Kleen (Wichita), Inc. EPA #: KSD 007 246 846

Inspector: Mike Craft & Debbie Travis

Date: March 3, 2001

**APPLICABILITY - 40 CFR 264/265.1050**

- |   | YES                                 | NO                                  |
|---|-------------------------------------|-------------------------------------|
| 1. Is the facility permitted under 40 CFR part 270 or have units that are permitted under part 270?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| a. Facility status: <input type="checkbox"/> interim or <input checked="" type="checkbox"/> permitted?                                      |                                     |                                     |
| b. Are any of these units exempt?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. Was the permit issued prior to December 21, 1990?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. If so, has the permit been reissued or updated since then, incorporating 264.1052 - 264.1065 requirements?                               | <input type="checkbox"/>            | <input type="checkbox"/> N/A        |
| 4. Does the facility have any equipment that comes into contact with hazardous wastes that contain 10 ppm or greater organic concentration? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 5. Is each piece of equipment marked in such a manner that it can be distinguished readily?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. Does the equipment have vacuum service?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**Applicability** ☒ Compliance ☐ Non-Compliance ☐ NA

**WASTE STREAMS - 264/265.1063 (d)**

7. Indicate method of determination for waste streams  $\geq$  10% organics by weight:
- |  |  |   |
|--|--|---|
| a. <input checked="" type="checkbox"/> knowledge | d. <input type="checkbox"/> ASTM E168-88 | g. <input type="checkbox"/> method 8240 |
| b. <input type="checkbox"/> ASTM D2267-88        | e. <input type="checkbox"/> ASTM E260-85 |   |
| c. <input type="checkbox"/> ASTM E169-87         | f. <input type="checkbox"/> method 9060  |   |
8. If by knowledge, is it documented? ☒ ☐

9. Date of initial determination: \_\_\_\_\_

10. Has the fluid type been determined for each waste stream that qualifies (gas/vapor service, light-liquid service, heavy-liquid service)? ☒ ☐

11. If applicable, which method was used to determine light-liquid service:

☐ ASTM D-2879-86 or ☒ vapor pressures of constituents?

Waste Streams

☒ Compliance ☐ Non-Compliance ☐ NA

**FACILITY OPERATING RECORD - 264/265.1064 (g) - (k)**

12. Does the facility have a list of equipment with identification numbers that are affected by this rule? ☒ ☐
13. Is there a list of the identification numbers of No Detectable Emissions pumps, valves and compressors with signature of owner/operator? ☒ ☐
14. Is there a list of all affected equipment by designation? ☒ ☐
15. Is there a list of pressure relief devices in gas/vapor service? ☒ ☐
16. Is there a list of dates of tests for no detection emission equipment with the background levels measured and maximum instrument readings measured during each compliance test? ☒ ☐
17. Is there a list of identification numbers for equipment in vacuum services? ☒ ☐
18. Is there a list of identification numbers of "unsafe to monitor" and "difficult to monitor" valves, with explanation for each and plan for monitoring or schedule? ☐ ☐ N/A
19. Is there a list of valves using the skip period alternative monitoring schedule, with schedule for monitoring and percent leakage determined? ☐ ☒
20. For dual mechanical seal pumps or compressors with barrier fluid systems with sensors, is the criteria and explanation of the criteria for determining sensor failure given? ☒ ☐
21. Is there an analysis of design capacity, influent/effluent for each unit subject to these requirements, and an up-to-date analysis either by testing or knowledge to determine if the equipment is covered or not? ☒ ☐



- |     |  | YES | NO |
|-----|--|-----|----|
| 22. | Is the air monitoring equipment calibrated each day that it is used?                                 | [X] | [] |
| 23. | Do the monitoring and detection equipment/methods comply with Reference Method 21 in 40 CFR part 60? | [X] | [] |

Facility Operating	[X] Compliance [ ] Non-Compliance [ ] NA
--------------------	--

RECORDKEEPING - 264/265.1064 (b),(c) & (d)
--

- |     |   |     |    |
|-----|---|-----|----|
| 24. | Is the following information recorded in the facility operating records for each piece of equipment:                                    |     |    |
|     | a. equipment identification number  | [X] | [] |
|     | b. HW unit identification   | [X] | [] |
|     | c. location at facility   | [X] | [] |
|     | d. type of equipment (i.e. valve, pump)   | [X] | [] |
|     | e. percent by weight total organics in equipment  | [X] | [] |
|     | f. state of HW in the equipment (i.e. gas, liquid)  | [X] | [] |
|     | g. method of compliance with standards  | [X] | [] |
|     | h. if closed-vent control devices are used, are the implementation plans, performance plans, monitoring and inspection data documented? | [X] | [] |
|     | i. records of physical inspections, calibrations, monitoring and repairs?   | [X] | [] |
| 25. | In the event of detection of leaks and their repairs, is the appropriate information recorded as required by 264/265.1064 (c) and (d)?  | [X] | [] |

Recording Keeping	[X] Compliance [ ] Non-Compliance [ ] NA
-------------------	--

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# **ATTACHMENTS**

**Feb-01**

**EMPLOYEES**

- 1 BERNARD, RANDOLPH D.  
2 BRATCHER, JAMES  
3 CARTER, GEORGE AUSTIN  
4 CONTRERAS, LUIS  
5 DUNN, RUSSELL  
6 EMBERY, NATHANIEL  
7 EMERY, ROD  
8 EVANS, SUE ANN  
9 FORGIE, AMY  
10 GABBIDON, EDWIN  
11 HASTINGS, JON  
12 HEFFERNAN, CHRISTOPHER  
13 HETHERINGTON, KARYN  
14 KEY, CHARLES Bryan  
15 LE, TRIEN  
16 LEWIS, MURLENE  
17 MARDICK, CRIAG  
18 MARKHAM, JENNIFER  
19 MARR, KENDALL L.  
20 MARTIN, JOHN R.  
21 MCCORKLE, MELLANY R  
22 METZGER, HEATHER  
23 NOBLE, JAMES M.  
24 PHILLIPS, TONEKA  
25 RATHGEBER, JOHN N.  
26 SPRAYBERRY, RALPH  
27 STUART, CHRIS  
28 URBANSKY, JOHN  
29 WESTERMAN, DEBORAH  
30 WILLIAMS, TROY  
31 ZIEGLER, SUSAN E.

Ex. 6 PII

**TEMPS.**

- 1 HANSEN, JEANNE  
2 HEFFENAN, CHRISTOPHER  
3 MARDICK, CRAIG -used Snel  
4 MONASMITH, ERICA  
5 NOBLE, JAMES M. - used Sne

# ETTS - Employee Training



## EMPLOYEE DEMOGRAPHIC DATA

<b>Type:</b> Regular, On-Site		<b>Hire Date:</b> [REDACTED]
<b>Status:</b> Active		<b>Re-Hire Date:</b> [REDACTED]
<b>Business Unit:</b>	<b>CODE</b> 0725	<b>DESCRIPTION</b> Wichita Service Center
<b>Job Code:</b>	8902	<b>START DATE</b> 12/11/2000

Ex. 6 PII

Function	Job Description	App Date
0725-12	Operator	10/23/00
0725-27	Confined Space Supervisor	12/19/00
0725-16	Operations Leadperson	01/30/01

Training ID	Training Description	Start Date	End Date	Trainer	Trainer Title	Trainer Phone
0685-ET_140	Us Epa Regs. Annual Rora Update	08/24/2000	08/24/2001			
0685-ET_237	Drum Inspection And Closure		10/11/1999			
0685-HMTS_RE	HMTS Refresher	10/14/1999	10/14/1999			
0685-HS_104	Hazwoper 8 Hour Refresher Training	08/30/2000	08/30/2001			
0685-HS_108A	First Aid (American Red Cross)	01/29/2001	01/29/2004			
0685-HS_108B	Cpr (American Red Cross)	01/29/2001	01/29/2002			
0685-HS_151	Accident Investigation		08/12/1999			
0685-HS_203	Bloodborne Pathogens	08/30/2000	08/30/2001			

\*Training Schedule as of Previous Business Day

Ron Robertson

02/27/2001 10:38:08 AM

## Action History (last 10 changes)

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# ETTS - Employee Transcript



Fax # 316 269-7455

Ex. 6 PII

Generation Date: 03/09/2001 12:30:31 PM

Course Key	Course Title	Class Date	Renewal	Certificate Number
0585-ED_100	New Employee Orientation	08/22/1996	No Renewal	History Load
0585-ET_140	Us Epa Regs. Annual Rcra Update	08/23/1996	Annual	History Load
0585-ET_140	Us Epa Regs. Annual Rcra Update	09/05/1997	Annual	History Load
0585-ET_140	Us Epa Regs. Annual Rcra Update	08/31/1998	Annual	19361-0725-75
0585-ET_140	Us Epa Regs. Annual Rcra Update	08/30/1999	Annual	19361-0725-131
0585-ET_140	Us Epa Regs. Annual Rcra Update	08/24/2000	Annual	19361-0725-0024140933
0585-HMTS	Haz. Mat. Trans. Skills Training	10/14/1996	Refresher	History Load
0585-HS_101	Hazwoper 24 Hour Training	08/26/1996	Refresher	History Load
0585-HS_102	Hazwoper 40 Hour Training	08/26/1996	Refresher	History Load
0585-HS_104	Hazwoper 8 Hour Refresher Training	09/12/1997	Annual	History Load
0585-HS_104	Hazwoper 8 Hour Refresher Training	09/04/1998	Annual	19361-0725-77
0585-HS_104	Hazwoper 8 Hour Refresher Training	08/24/1999	Annual	19361-0725-127
0585-HS_104	Hazwoper 8 Hour Refresher Training	08/30/2000	Annual	19361-0725-0023444950
0585-HS_107A	Controlled Substances...Testing	08/22/1996	No Renewal	History Load
0585-HS_107A	Controlled Substances...Testing	09/08/1997	No Renewal	History Load
0585-HS_107B	Controlled Substance...Trg For Sup.	02/16/2001	No Renewal	19361-0725-015738050
0585-HS_108	Cpr (American Heart)	04/09/1998	Bi-Annual	History Load
0585-HS_108A	First Aid (American Red Cross)	11/04/1996	Tri-Annual	History Load
0585-HS_108A	First Aid (American Red Cross)	01/29/2001	Tri-Annual	19361-0725-01254389
0585-HS_108B	Cpr (American Red Cross)	11/04/1996	Annual	History Load
0585-HS_108B	Cpr (American Red Cross)	01/22/2001	Annual	19361-0725-01253860
0585-HS_108B	Cpr (American Red Cross)	01/29/2001	Annual	19361-0725-01254563
0585-HS_108B	Cpr (American Red Cross)	01/29/2001	Annual	19361-0725-01254563
0585-HS_201	Forklift Operator Training	12/01/1997	No Renewal	19361-0725-34
0585-HS_201	Forklift Operator Training	02/16/1999	No Renewal	19361-0725-111
0585-HS_201	Forklift Operator Training	09/06/2000	No Renewal	19361-0725-0025660452
0585-HS_203	Bloodborne Pathogens	08/26/1996	Annual	History Load
0585-HS_203	Bloodborne Pathogens	09/08/1997	Annual	History Load
0585-HS_203	Bloodborne Pathogens	09/04/1998	Annual	19361-0725-76
0585-HS_203	Bloodborne Pathogens	08/24/1999	Annual	19361-0725-129
0585-HS_203	Bloodborne Pathogens	08/25/1999	Annual	19361-0775-177
0585-HS_203	Bloodborne Pathogens	08/30/2000	Annual	19361-0725-0023445153
0585-HS_207	Authorized Entrant-Confined Space	10/23/1996	No Renewal	History Load
0585-HS_307	Entry Supervisor - Confined Space	12/06/2000	No Renewal	19361-0725-0029656767
0725-9	Annual Respirator Training Fit Test	03/13/1997	Annual	19361-0725-4

\* Completed Courses: 35

\* Scheduled Courses: 0

**SAFETY-KLEEN (WICHITA)  
DAILY INSPECTION LOG**

FOR THE DAY OF : March 8, 2001

TIME: 4:00

INSPECTION UNIT	PERIMETER AND YARDS		
INSPECTION ITEM	ELEMENT	STATUS	OBSERVATION/ REMEDIAL WORK ORDERS ISSUED
Facility Gates	Check: should be locked, and warning signs present and visible.	<u>A</u> / U	New gate by breakroom + D-Bld still under construction
Access Roads	Check for facility debris, deterioration, and spills.	<u>A</u> / U	
Perimeter and Yards	Check for contaminated pallets, hoses, equipment or debris, or evidence of spills.	<u>A</u> / U	

INSPECTION COMPLETED BY: CB Key

\*\*\*\*\* DEFICIENCIES AND CORRECTIONS ARE DETAILED IN THE REFERENCED REMEDIAL WORK ORDERS \*\*\*\*\*

**SAFETY-KLEEN (WICHITA)  
DAILY INSPECTION LOG**

FOR THE DAY OF : March 8, 2001

TIME: 4:05

INSPECTION UNIT	BUILDING D:		
INSPECTION ITEM	ELEMENT	STATUS	OBSERVATION/ REMEDIAL WORK ORDERS ISSUED
Container Storage	Two foot minimum aisle space between piles of drums.	(A) / U	
	Loading/unloading areas: check for evidence of spills or accumulated liquids.	(A) / U	
	Sump: Check for accumulation of liquid, contaminants, or deterioration.	(A) / (U)	Tank Room - currently pumping
Containment area: Inside Tank Room	Cracks or general deterioration of the concrete.	(A) / U	
	Floor coating integrity: Check for cracks, gaps, flaking, chips, gouges, or other signs of wear or leaking.	(A) / U	
	Sump: Check for accumulations of liquid, contaminants, or deterioration.	A / (U)	Currently pumping. W.O.# 8538

INSPECTION COMPLETED BY: C. Blakey

\*\*\*\*\* DEFICIENCIES AND CORRECTIONS ARE DETAILED IN THE REFERENCED REMEDIAL WORK ORDERS \*\*\*\*\*



**SAFETY-KLEEN (WICHITA)  
DAILY INSPECTION LOG**

FOR THE DAY OF : March 8, 2001

TIME: 4:10

INSPECTION UNIT: D BUILDING, TANKS & MISCELLANEOUS UNITS	E S T E A M T E U N S						OBSERVATION/ REMEDIAL WORK ORDERS ISSUED
	Leakage, Deterioration, Corrosion	Foundation Integrity	Piping Integrity	Protective Coating	Lid/Cap Closed	Pressure Relief Hatch (where appl)	
V - 9	A / U	A / U	A / U	A / U	A / U	A / U	
V - 10	A / U	A / U	A / U	A / U	A / U	A / U	
V - 11	A / U	A / U	A / U	A / U	A / U	A / U	
V - 12	A / U	A / U	A / U	A / U	A / U	A / U	
V - 13	A / U	A / U	A / U	A / U	A / U	A / U	
V - 14	A / U	A / U	A / U	A / U	A / U	A / U	
V - 15A	A / U	A / U	A / U	A / U	A / U	A / U	
V - 15B	A / U	A / U	A / U	A / U	A / U	A / U	
V - 15C	A / U	A / U	A / U	A / U	A / U	A / U	
V - 15D	A / U	A / U	A / U	A / U	A / U	A / U	
V - 16	A / U	A / U	A / U	A / U	A / U	A / U	

*Out of Service - everything OK*

INSPECTION COMPLETED BY: CB Key

\*\*\*\*\* DEFICIENCIES AND CORRECTIONS ARE DETAILED IN THE REFERENCED REMEDIAL WORK ORDERS \*\*\*\*\*

**SAFETY-KLEEN (WICHITA)  
DAILY INSPECTION LOG**

FOR THE DAY OF : March 3, 2001

TIME: 4:15

INSPECTION UNIT	PROCESSING AREA:		
INSPECTION ITEM	ELEMENT	STATUS	OBSERVATION/ REMEDIAL WORK ORDERS ISSUED
Container Storage, Ignitable Storage, Containment	Two foot minimum aisle space between piles of drums.	(A) / U	
	Loading/unloading areas: check for evidence of spills or accumulated liquids.	(A) / U	
	Cracks or general deterioration of the concrete.	(A) / U	
	Coating integrity: check for cracks, gaps, flaking, chips, gouges, or other signs of wear.	A / U	
	Check for fire prevention: no smoking, use of non sparking tools, proper use of Hot Work Permits as needed.	(A) / U	
	Sump and Containment: Check for accumulations of stormwater, contaminants, or deterioration.	A / (U)	
Light Liquid Pumps	Visually check all pumps, valves, flanges, pressure relief devices, and connections for evidence of leaks.	(A) / U	
Truck Bay	Check: Evidence of spills in the containment or sump.	(A) / U	
	Check hoses for signs of wear, leakage, or other damage; hose couplings for proper seals and leaks or other damage.	(A) / U	

INSPECTION COMPLETED BY: CB/ky

\*\*\*\*\* DEFICIENCIES AND CORRECTIONS ARE DETAILED IN THE REFERENCED REMEDIAL WORK ORDERS \*\*\*\*\*

**SAFETY-KLEEN (WICHITA)  
DAILY INSPECTION LOG**

FOR THE DAY OF : March 14, 2001

TIME: 4 20

INSPECTION UNIT	PROCESSING AREA:		
INSPECTION ITEM	ELEMENT	STATUS	OBSERVATION/ REMEDIAL WORK ORDERS ISSUED
Tank Farm	Check containment and perimeter for wet spots.	(A) / U	
	Check for cracks or general deterioration of the concrete.	(A) / U	
	Coating integrity: check for cracks, gaps, flaking, chips, gouges, or other signs of wear.	(A) / U	
	Sumps: check for accumulations of storm-water, contaminants, or deterioration.	(A) / U	

INSPECTION COMPLETED BY: C. B. [Signature]

\*\*\*\*\* DEFICIENCIES AND CORRECTIONS ARE DETAILED IN THE REFERENCED REMEDIAL WORK ORDERS \*\*\*\*\*

**SAFETY-KLEEN (WICHITA)  
DAILY INSPECTION LOG**

FOR THE DAY OF : March 8, 2011

TIME: 4:25

INSPECTION UNIT: FLAMMABLE TANKS	E S L T E A M T E U N S T						OBSERVATION/ REMEDIAL WORK ORDERS ISSUED
	Leaks & Corrosion	Foundation Integrity	Piping Integrity	Protective Coating	Cap Closed	Pressure Relief Hatch (where appl)	
V - 1	(A) / U	(A) / U	(A) / U	(A) / U	(A) / U	N / A	
V - 2	(A) / U	(A) / U	(A) / U	(A) / U	(A) / U	(A) / U	
V - 3	(A) / U	(A) / U	(A) / U	(A) / U	(A) / U	N / A	
V - 4	(A) / U	(A) / U	(A) / U	(A) / U	(A) / U	N / A	
V - 5	(A) / U	(A) / U	(A) / U	(A) / U	(A) / U	(A) / U	
V - 6	(A) / U	(A) / U	(A) / U	(A) / U	(A) / U	(A) / U	
V - 7	(A) / U	(A) / U	(A) / U	(A) / U	(A) / U	N / A	
V - 8	(A) / U	(A) / U	(A) / U	(A) / U	(A) / U	N / A	
V - 17	(A) / U	(A) / U	(A) / U	(A) / U	(A) / U	N / A	
Misc. Units: Drum Scraper	(A) / U	(A) / U	(A) / U	(A) / U	(A) / U	N / A	
Disperser (V-26)	(A) / U	(A) / U	(A) / U	(A) / U	(A) / U	N / A	
Drum Washer	(A) / U	(A) / U	(A) / U	(A) / U	(A) / U	N / A	

*out of Service*

INSPECTION COMPLETED BY: C. B. Key

\*\*\*\*\* DEFICIENCIES AND CORRECTIONS ARE DETAILED IN THE REFERENCED REMEDIAL WORK ORDERS \*\*\*\*\*

**SAFETY-KLEEN (WICHITA)  
DAILY INSPECTION LOG**

FOR THE DAY OF : March 8, 2001

TIME: 4:30

INSPECTION UNIT/ AREA: H BUILDING: Operations Shack			
INSPECTION ITEM	ELEMENT	STATUS	OBSERVATION/ REMEDIAL WORK ORDERS ISSUED
Log Books	Check to ensure that log entries are made daily and the logs are kept in a designated location.	(A) / U	Out of Service
	Check on the following table to ensure that tank strappings are recorded daily for each tank.	(A) / U	Out of Service

INSPECTION UNIT/ AREA: H BUILDING: Operations Shack																		
INSPECTION ITEM: Tank Strappings Log																		
V1	V2	V3	V4	V5	V6	V7	V8	V9	V10	V11	V12	V13	V14	V15A	V15B	V15C	V15D	V16
Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

Out of Service

INSPECTION COMPLETED BY: CBG

\*\*\*\*\* DEFICIENCIES AND CORRECTIONS ARE DETAILED IN THE REFERENCED REMEDIAL WORK ORDERS \*\*\*\*\*

**SAFETY-KLEEN (WICHITA)  
DAILY INSPECTION LOG**

FOR THE DAY OF : March 8, 2001

TIME: 4:30

INSPECTION UNIT	BUILDING C:		
INSPECTION ITEM	ELEMENT	STATUS	OBSERVATION/ REMEDIAL WORK ORDERS ISSUED
Container Storage	Two foot minimum aisle space between piles of drums.	(A) / U	Exhaust 722 - fixed
	Check for fire prevention: no smoking, use of non sparking tools, proper use of Hot Work Permits as needed.	(A) / U	
	Loading/unloading areas: check for evidence of spills or accumulated liquids.	(A) / U	
	Floors: check for accumulations of liquids or contaminants.	(A) / U	

INSPECTION UNIT	Drum Dock:		
INSPECTION ITEM	ELEMENT	STATUS	OBSERVATION/ REMEDIAL WORK ORDERS ISSUED
Container Storage	Two foot minimum aisle space between piles of drums.	(A) / U	One drum off pallet - fixed
	Loading/unloading areas: check for evidence of spills or accumulated liquids.	(A) / U	
Waste Acceptance	Check trucks and vans in dock and in yard: incoming loads must be placed in a Container Management Unit within 72 hours of arrival.	(A) / U	

INSPECTION COMPLETED BY: CBley

\*\*\*\*\* DEFICIENCIES AND CORRECTIONS ARE DETAILED IN THE REFERENCED REMEDIAL WORK ORDERS \*\*\*\*\*

**SAFETY-KLEEN (WICHITA)  
DAILY INSPECTION LOG**

FOR THE DAY OF : March 8, 2001

TIME: 4:45

INSPECTION UNIT	BUILDING B:		
INSPECTION ITEM	ELEMENT	STATUS	OBSERVATION/ REMEDIAL WORK ORDERS ISSUED
Container Storage	Two foot minimum aisle space between piles of drums.	(A) / U	
	Loading/unloading areas: check for evidence of spills or accumulated liquids.	(A) / U	
	Sump: Check for accumulations of liquids, contaminants, insecure gratings, or deterioration.	(A) / U	

INSPECTION COMPLETED BY: OBK

\*\*\*\*\* DEFICIENCIES AND CORRECTIONS ARE DETAILED IN THE REFERENCED REMEDIAL WORK ORDERS \*\*\*\*\*



**SAFETY-KLEEN (WICHITA)  
DAILY INSPECTION LOG**

FOR THE DAY OF : March 8, 2001

TIME: 4:48

INSPECTION UNIT	BUILDING I:		
INSPECTION ITEM	ELEMENT	STATUS	OBSERVATION/ REMEDIAL WORK ORDERS ISSUED
Container Storage	Two foot minimum aisle space between piles of drums.	(A) / U	
	Loading/unloading areas: check for evidence of spills or accumulated liquids.	(A) / U	
	Floors: check for accumulations of liquids or contaminants.	(A) / U	

INSPECTION UNIT	BUILDING J:		
INSPECTION ITEM	ELEMENT	STATUS	OBSERVATION/ REMEDIAL WORK ORDERS ISSUED
Container Storage	Two foot minimum aisle space between piles of drums.	(A) / U	
	Loading/unloading areas: check for evidence of spills or accumulated liquids.	(A) / U	
	Floors: check for accumulations of liquids or contaminants.	(A) / U	

INSPECTION COMPLETED BY: CBK

\*\*\*\*\* DEFICIENCIES AND CORRECTIONS ARE DETAILED IN THE REFERENCED REMEDIAL WORK ORDERS \*\*\*\*\*



**rainy-days.**

**SK REFERENCE NO:**

3120536

PATHO

## MATERIAL PROFILE

LFLOO9LD

Safety-Kleen (SK) Use Only	If applicable, Intercompany Billing Facility #	Customer Number:	SK Line Of Business #:	Facility Profile #:
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### A. GENERATOR INFORMATION

Generator Name Pathology Associates

Facility Address (No P.O. Box) 10245 Hickman Mills Dr  
Suite A

City/State/Zip Kansas City MO 64137

Technical Contact Melissa Hull

Phone 816-767-4526 Fax 816-767-6691

E-mail \_\_\_\_\_

SIC Code: 2834 ☐ CESQG ☐ SQG ☒ US EPA ID# \_\_\_\_\_

☐ Check if Billing Information is same as Generator Information

Billing Company Pathology Associates Intnl

Billing Address 15 Women's Mill Ct.  
Ste. 1

City/State/Zip Frederick, Maryland 21701

Billing Contact Judy Garrett

Phone 301-663-1144 Fax \_\_\_\_\_

Generator Location (if different from above) \_\_\_\_\_

State Generating ID# \_\_\_\_\_

### B. SHIPPING INFORMATION

US DOT Proper Shipping Name \_\_\_\_\_

Technical Constituent(s) \_\_\_\_\_

Hazard Class / Division # \_\_\_\_\_ ID # (UN / NA) \_\_\_\_\_

Non-Bulk Shipping Containers				Quantity & Frequency
Size	Steel	Poly	Fiber	
<u>16</u> Gal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1</u>
Gal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

☐ DOT Assistance Requested

☐ Check if SK Transportation Services are requested

Packing Group (PG) \_\_\_\_\_ RQ \_\_\_\_\_

Container Type \_\_\_\_\_

☐ Yd. Box or ☐ Super Sack

☐ Hard Top or ☐ Tarped Bin

☐ End Dump (Tarped) Trailer

☐ Tank or ☐ Vacuum Trailer

### C. GENERAL MATERIAL & REGULATORY INFORMATION

Name of Material Formaldehyde water NON Haz

Process Generating The Material \_\_\_\_\_

Odor: ☐ None ☒ Mild ☐ Strong; Describe Pungent

<p>Yes No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Regulated or Licensed Radioactive Waste</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Regulated Medical / Infectious Waste</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Regulated Benzene NESHAP Waste</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> TSCA Regulated PCB Waste (List any PCB level in Sec.D)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Regulated Subpart CC Waste (VOs <math>\geq</math> 500 ppm)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Regulated Ozone Depleting Substances</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> CERCLA Regulated (Superfund) Waste</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Hazardous Debris (Subject to alternate LDR treatment standards)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Waste Contains UHCs/Constituents of Concern</p> <p>If yes, list in <input type="checkbox"/> Sec. D or <input type="checkbox"/> Constituent Addendum</p>	<p>Yes No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Meets LDR Standards or <input type="checkbox"/> Partially Meets (Landfill Only)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Commingled Waste (2 or more hazardous wastes mixed as one)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Sorbent Added; If Yes, is sorbent biodegradable? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Exempt Waste; If Yes, list reference, 40 CFR _____</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> State Hazardous Waste; State Code: _____</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> EPA Hazardous Waste</p> <p>EPA Waste Codes (including any LDR subcategories, e.g., D003 Water Reactiv): _____</p>
---	--

EPA Haz Waste Only    Origin Code ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5    Source Code: A \_\_\_\_\_    Form Code: B \_\_\_\_\_    System Code: M \_\_\_\_\_

### D. MATERIAL COMPOSITION

1. Chemical/Physical Constituents: List all detectable components by chemical name, including physical material, e.g., sorbent, debris.

Material Components & Composition	ppm	wt %	vol %	Material Components & Composition	ppm	wt %	vol %
<u>Sodium Dihydrogen Phosphate</u>		<u>1.00</u>					
<u>Sodium Dihydrogen Di-basic Arsenates</u>		<u>1.00</u>					
<u>Methanol</u>		<u>2.00</u>					
<u>Formaldehyde</u>		<u>6.00</u>					
<u>Water</u>		<u>95.00</u>					

Section D continues on the next page for Elemental Constituents

# Safety-Kleen Unload Work Order

EPA ID: MOR000043497 Generator: PATHOLOGY ASSOCIATES INTERNAT Manifest #: PATHO-01180  
 SWO: 48529 State Doc#: P/U Date: 01/18/01 Recv Date: 01/19/01 Transporter: SAFETY-KLEEN (TG), I  
 Unloader's Initials: Inspected (Y/N): Inspectors Comments:

Profile Desc: 3120536 - FORMALDEHYDE WATER - NON HAZARDOUS

Approval Desc: LMC-2010

Profile EPA Code/s: NONE

Load EPA Code/s: NONE

Profile Shipping Name: Non regulated material, 0, NONE

Load Shipping Name: Non regulated material, 0.00, NONE,

Profile Constituents

Value

Profiled Sample Waste Analysis Results

Odor:

Layers:

Reac Cyan:

Physical:

Solids:

Reac Sulf:

Color:

PH:

BTU:

Viscosity:

Reac Water

FlashPoint

Drum Numbers, Types, and Sizes for Page: 1 Line: B

010118-PATHO-001 DF 15

010118-PATHO-002 DF 15

010118-PATHO-003 DF 15

Lab Notes:

Operations Notes:

Comments:

Handling Codes:

Drum Sizes: 85/ 0 55/ 0 30/ 0 20/ 0 10/ 0 5/ 0 Other/ 3

Comments:

Bulk Shipment - Sample/test load (see bulk measurement formula below) (I & O)

Containers - open/inspect all containers. Composite samples from same line item ( < 10 samples per composite)

Number to sample: Drum Numbers sampled:

(I & O) 10% of line item (each profile) to be sampled/tested.

Number to sample: Drum numbers sampled:

(S) Excluded (Unsampled)

10% of line item (each profile visually inspected)

Do not open

100% of line item to be opened and checked against inventory (LP)

Do not open (LP)

Bulk Measurement: D= L= H1= H2= AvgH= (H1+H2)/2= AvgH/D= X= V= (L\*D\*D\*X)/10000=

RELINQUISHED	DATE	TIME	RECEIVED	RELINQUISHED	DATE	TIME	RECEIVED	RELINQUISHED	DATE	TIME	RECEIVED	RELINQUISHED	DATE	TIME	RECEIVED
--------------	------	------	----------	--------------	------	------	----------	--------------	------	------	----------	--------------	------	------	----------

sample # 003  
 color Cloudy  
 layers None  
 physical Neg  
 beilstein Neg  
 sniffer -  
 oxidizer Neg  
 H<sub>2</sub>O reac None  
 density 1.00  
 pH 6.5  
 flashpoint -  
 cyanide -

sample # 002  
 color Cloudy  
 layers None  
 physical Neg  
 beilstein Neg  
 sniffer -  
 oxidizer Neg  
 H<sub>2</sub>O reac None  
 density 1.00  
 pH 6.9  
 flashpoint -  
 cyanide -

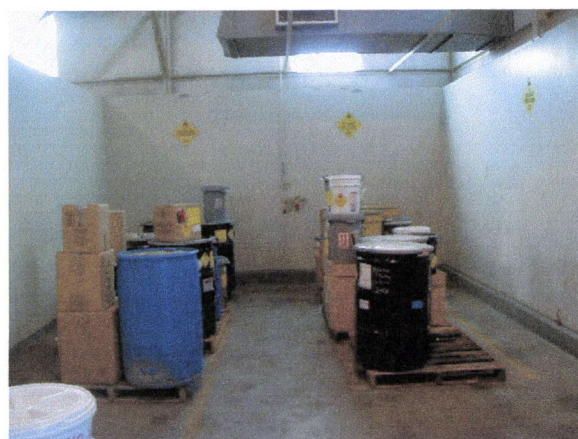
# **APPENDIX**



1Safety Kleen.JPG  
3/9/01  
Building J: Storage



2Safety Kleen.JPG  
3/9/01  
Building J: Storage



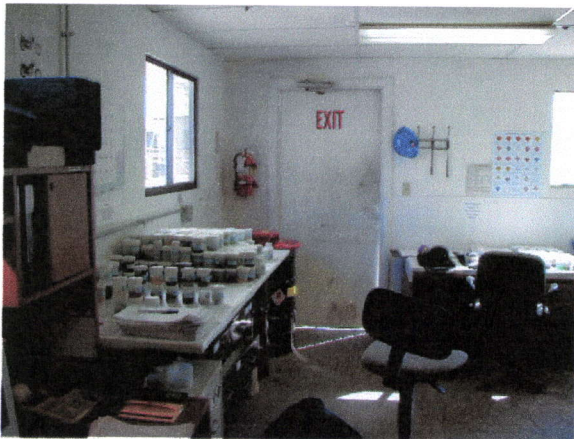
3Safety Kleen.JPG  
3/9/01  
Building I: Storage & processing for lab packs.



4Safety Kleen.JPG

3/9/01

Building B: Storage of nonreactive & nonignitable. White bag in photo had trash inside.



5Safety Kleen.JPG

3/9/01

Lab: Analysis of samples.



6Safety Kleen.JPG

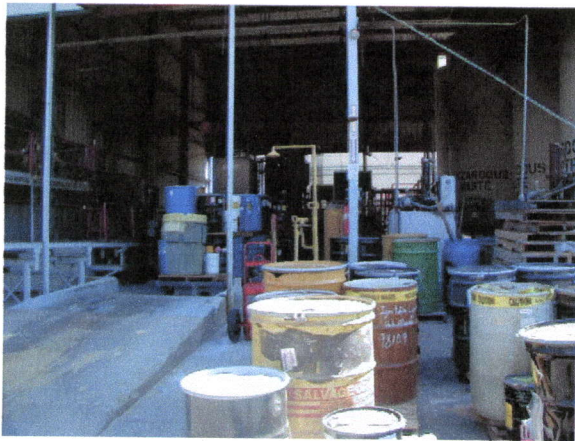
3/9/01

Building C: Storage warehouse divided into seven areas.





7Safety Kleen.JPG  
3/9/01  
Tank farm not used correctly.



8Safety Kleen.JPG  
3/9/01  
Tank farm area currently used for storage.



9Safety Kleen.JPG  
3/9/01  
Spill control pallet in tank farm. It contained some nonhazardous solution.